

LOG 000026555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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07/24/14--01003--013 **25.00

2014 JUL 24 AM 10:01
CLERK OF STATE
JULIA S. HARRIS

JUL 30 2014

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EN LANDSCAPING AND HOME SOLUTIONS LLCLUIS
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS E LOZADA

(Name of Person)

(Firm/Company)

962 MARINA DRIVE

(Address)

WESTON FL 33327

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS E LOZADA

(Name of Person)

954

297-5634

at ()

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

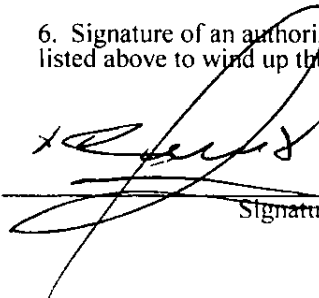
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
EN LANDSCAPING AND HOME SOLUTIONS LLC
2. The Articles of Organization were filed on 03/14/2006 and assigned
document number L06000026555
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
OUT OF BUSINESS

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: LUIS E LOZADA
962 MARINA DRIVE WESTON, FL. 33327

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:



Signature

Luis E. Lozada

Printed Name

FILING FEE: \$25.00

2014 JUL 21 AM 10:01
SECRETARY OF STATE
FLORIDA